

Foster Family Home - Corrective Action Report

Provider ID: 1-180012

Home Name: Nerissa Dela Cruz, CNA

Review ID: 1-180012-4

94-403 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/27/2020

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/27/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#4's APS/CAN expired on 5/31/19 and renewed on 6/5/19.

Foster Family Home Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations done for CG#1, CG#2, CG#3, CG#4, and CG#5 on [REDACTED] for Client #1 and for Client #3, there were no RN delegations done for CG#1, CG#2, CG#3, CG#4 and CG#5 on [REDACTED] Assessment, and documentation; [REDACTED]

Foster Family Home Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #3. On Medication Administration Record- 2 medications were missing administration time and 3 medications were missing frequencies.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Nerissa Dela Cruz

CCFFH Address: 94-403 Kipou Street Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	CG#1 showed CTA Compliance Manager the current APS/CAN for CG#4. Result was filed in home binder.	1/27/20	CG#1 will put Schedule Calendar Checklist in front of home binder for reminders to prevent future lapses.
4.(c)(3)	Contacted the RN CMA to perform delegation for CG#1, CG#2, CG#3, CG#4 and CG#5 on t [REDACTED] for client#1 and for client#3 RN delegations were done for CG#1, CG#2, CG#3, CG#4 and CG#5 on [REDACTED] Assessment and Documentation, [REDACTED] Administration. Signed delegations forms were filed in each clients' chart/binder.	1/28/20	CG#1 will contact the RN Case Manager and Substitute Caregivers to ensure that everyone will receive and complete the necessary delegations/tasks.

Primary Caregiver's Signature: _____

Print Name: NERISSA DELA CRUZ

Date of Signature: 02/24/2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Nerissa Dela Cruz

CCFFH Address: 94-403 Kipou Street Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	CG#1 contacted RN Case Manager to correct medication discrepancies and Medication Administration Record of Client#3.	2/11/20	CG#1 will check all of medications orders, bottles and MARs to ensure all matches before giving any new medication. If anything different, CG#1 will contact CMA, RN, MD and or Pharmacy.

Primary Caregiver's Signature: _____

Print Name: NERISSA DELA CRUZ

Date of Signature: 02/24/2020